

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

097869229

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3		1		1		
4		3		3		
5		3		1		
6		3		1		
7		3		1		
8		3		1		
9		3		1		
10		0		1		
11		1		1		
12		1		1		
13		2		1		
14		0		2		
15	1		1			
16		1		1		
17		1		1		
18		1		1		
19		1		1		
20		1		1		
21		1		1		
22		1		1		
23		1		1		
24		1		1		
25		2		1		
26		0		1		
27	1		1			
28		0		1		
29		0		1		
30	1		1			
31	1		1			
32		1		1		
33		2		1		
34		2		1		
35		2		1		
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49						
50						
TOTAL IND.	6		5			
TOTAL DEP.	10		32			
TOTAL CLAIMS	52		37			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS